PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

50

1

SE3

15

1.36

66

08/25/04

**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 47 Silver Bow 0840 Butte Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # # Per Day Per Mile Capacity Inspection 50 1 A 28 1.57 76 08/25/04 50 1 В 10 1.57 77 08/25/04 100 14.2 76 08/25/04 1 c 1.57 10 100 D 1.36 08/25/04 1 66 E 77 50 26 1.57 08/25/04 50 1 Η 10 1.57 76 08/25/04 50 1 J 11 1.36 66 08/27/04 50 K 16 1.57 77 08/25/04 1 77 50 16.5 1.57 08/25/04 1 M 50 O 18.6 1.57 76 08/25/04 50 P 20.7 1.57 77 08/25/04 1 50 19 77 1 Q 1.57 08/25/04 50 R 42 77 08/25/04 1 1.57 50 SE<sub>1</sub> 22 1.57 77 08/27/04 1 50 SE2 16.8 0.95 39 08/25/04 1

TR-6 (1/05) Page 1

0	PI

District

#

3

3

3

Percentage

100

100

100

Route

#

1

2

3

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Miles

Per Day

37.7

36.6

25.7

Rate

Per Mile

1.57

1.57

1.57

School District Claim for State Reimbursement for School Bus Transportation

Days

Operated

State	
District	
County	

**Bus Driver's** 

Social Security #

		, iii						
DUE DATES:	rebluary 1 to County Superintendent			Second Semester May 10 to County Superintendent May 24 to State Superintendent		t		
COMPLE	TE THIS CLAIM FO	OR STATE REIN	IBURSEME	ENT FO	OR SCHOOL	BUS TRANSPOR	TATION:	
This claim	is for the period beginning	g month	day	_, 20	and ending _	month	, 20 day	
CERTIFI	CATION:							<del>,</del>
The inform	nation on this form is comp	olete and accurate to	the best of my	knowled	ge.			
Date		Signature, Chair, Box	ard of Trustees					
County:		District:					District Level:	
47 Silver	Bow	0842 Ramsay	y Elem				Elementary	

Capacity

72

72

72

Inspection

08/25/04

08/25/04

08/25/04

TR-6 (1/05) Page 1

PI	

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DUE
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TR-6 (1/05) Page 1

SE3

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08/25/04